

COPY



STATE OF ARIZONA
APPLICATION FOR CERTIFICATION
AS A PARTICIPATING CANDIDATE

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)
Please Print or Type



☒ Initial Application ☐ Amended Application

FILE#ID
2004-93043

NAME OF CANDIDATE Manuel 'Manny' V. Alvarez		OFFICE SOUGHT (include Legislative District, if applicable) State Representative District #25	
ADDRESS (NUMBER & STREET) 4128 West Jefferson Road		CITY Elfrida	STATE AZ
MAILING ADDRESS (if different from above) _____		CITY _____	STATE _____
CANDIDATE'S TELEPHONE # 520 642 3526	CANDIDATE'S FAX # 520 642-3526	CANDIDATE'S E-MAIL ADDRESS malvarez@vtc.net	
CANDIDATE'S PARTY AFFILIATION (if any) Democratic			
NAME OF CANDIDATE'S COMMITTEE Committee to Elect Manuel 'Manny' V. Alvarez			
COMMITTEE'S ADDRESS 4128 West Jefferson Road		CITY Elfrida	STATE AZ
COMMITTEE'S PHONE # 520-642-3526		COMMITTEE'S E-MAIL ADDRESS _____	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948) _____			
DESIGNATED INDIVIDUAL'S ADDRESS _____		CITY _____	STATE _____
DESIGNATED INDIVIDUAL'S TELEPHONE # _____		DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS _____	
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)). _____			

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate _____ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Date: **3/10/04**
Candidate's signature: